

IFW

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Application Number	10/694,723
	Filing Date	October 29, 2003
	First Named Inventor	ALLEN Jeffrey
	Art Unit	3738
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	PA1425

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Corrected Filing Receipt;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Redlined Copy of Filing Receipt; and
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Return Postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Catherine C. Maresh; Medtronic Vascular, Inc.
Signature	
Date	July 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kimberly Melvin		
Signature		Date	07/02/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CERTIFICATE OF MAILING (37 C.F.R. § 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in the envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 2, 2004.

By: _____

Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/694,723	Confirmation No.:	4035
Applicant	:	ALLEN, Jeffrey et al.		
Filed	:	October 29, 2003		
TC/A.U.	:	3738		
Examiner	:	Unassigned		
Docket No.	:	PA1425 US		
Customer No.	:	28390		
Title	:	Intraluminal Stent Device for Use in Body Lumens of Various Diameters		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant's submit a Supplemental Application Data Sheet and a Redlined copy of the Filing Receipt indicating a correction to the Attorney Docket No., which should read as follows:

PA1425 US (1737.2660000)

Reconsideration of this Application and entry of this Request for a Corrected Filing Receipt is respectfully requested. The undersigned can be reached at (707) 543-0221

Respectfully submitted,

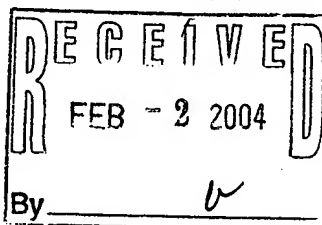
Catherine C. Maresh
Registration No. 35,268
Attorney for Applicant
Medtronic Vascular, Inc.
3576 Unocal Place
Santa Rosa, CA 95403
Telephone No.: (707) 543-0221
Facsimile No.: (707) 543-5420

**COPY***ccm
sub. P*

UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/694,723	10/29/2003	3738	806	4737.2660000/ALF/RLP PA1425 US (1737.2660000)	8	22	3

28390
MEDTRONIC AVE, INC.
3576 UNOCAL PLACE
SANTA ROSA, CA 95403

CONFIRMATION NO. 4035

FILING RECEIPT



OC000000011776071

Date Mailed: 01/28/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Jeffrey Allen, Santa Rosa, CA;
Mark Dolan, Santa Rosa, CA;
Richard Thomas, Cloverdale, CA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 01/26/2004

Projected Publication Date: 05/05/2005

Non-Publication Request: No

Early Publication Request: No

Title

Intraluminal stent device for use in body lumens of various diameters

Preliminary Class

DOCKETED

MDC 1654

RED BOOK _____

2nd Review _____

CorrectedFiling Receipt02 Mar 2004

LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

GRANTED

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	10/694,723
Filing Date::	October 29, 2003
Application Type::	Regular
Subject Matter::	Utility
Title::	INTRALUMENAL STENT DEVICE FOR USE IN BODY LUMENS OF VARIOUS DIAMETERS
Attorney Docket Number::	PA1425 US (1737.260000)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	8
Small Entity::	No

APPLICANT INFORMATION

Applicant Authority Type::	1 st Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	JEFFREY
Family Name::	ALLEN
City of Residence::	Santa Rosa
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	4324 Leafwood Circle
City of mailing address::	Santa Rosa
State/ Province of mailing address::	CA
Country of mailing address::	US
Postal/Zip Code of mailing address::	95405

Applicant Authority Type:: 2nd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MARK
Family Name:: DOLAN
City of Residence:: Santa Rosa
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4734 Parktrail Drive
City of mailing address:: Santa Rosa
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95405

Applicant Authority Type:: 3rd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RICHARD
Family Name:: THOMAS
City of Residence:: Cloverdale
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 312 Buckeye Circle
City of mailing address:: Santa Rosa
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95425

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28390
Name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95403
Phone Number:: (707)543-0221
Fax Number:: (707)543-5420
E-Mail address:: catherine.maresh@medtronic.com

ASSIGNEE INFORMATION

Assignee name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95403